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CONFIRMATION NO. 5443

<b>SERIAL NUMBER</b> 10/828,559	<b>FILING OR 371(c) DATE</b> 04/19/2004 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 0334.210US
<b>APPLICANTS</b> Juha Punnonen, Belmont, CA; Doris Apt, San Jose, CA; Margaret Neighbors, San Jose, CA; Steven R. Leong, Berkeley, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/464,780 04/22/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/29/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>AmH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 30560				
<b>TITLE</b> Novel tumor-associated antigens				
<b>FILING FEE RECEIVED</b> 1720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	